

## Minutes

### CNA Health Care Task Force

#### **October 22, 2008, 10am-noon - Meeting #5**

County: Christine Penkala, Lisa Driscoll, Charley Taylor (3)

CNA: Kay McVay, Rosa Cabrera, Maggie Ewing, Kevin Brophy, Kelley Taylor, and John Schneider (6)

#### Minutes by Charley Taylor

The Task Force convened with 6 representatives from CNA (2 state and 2 local), and 3 representatives from County Management. This is the first meeting where CNA included 2 nurse reps; alternates have not been named.

Buck's new evaluation data is now available online.

Assumption changes lifespan increasing

- Will bring data and Board Order
- PERSTRUST
- CCCERA DATA using for our reference

Lisa answered questions from her OPEB presentation on 8/23/08 (9/10/08 meeting was cancelled)

#### Agenda

Meeting scheduled through December meeting

County requested increasing frequency/length/number of meetings? CNA was not interested in increasing frequency/length/number of meetings.

CNA Corporate 1 nurse representative and 2 County

2 more meetings two hours each enough time to go over materials

- Health Plan Options. Originally tried to meet more often

Other committee now meeting weekly. With 3 weeks in between we lose retention and flow of material

Lisa's time becomes more critical Jan 09

Continue until December

No extra meetings

All minutes due

These meetings send out prior/Meet & approve & post

Will get minutes posted from past

## CNA Health Care Task Force Minutes

2009 Open Enrollment Guides distributed by Christine Penkala

Plan design cover sheets passed out

Ideas in reducing OPEB liability

How are other Counties handling? Lisa Driscoll can get info on other Counties

How often OPEB liability reassessed?

2 years. Can be more often. Must do every 2 years

Discussion on portability of plans.

2 types HMO's defined

### Kaiser

"closed"

owns all

all services must be  
through their network only

### HealthNet

Independent Practice

contracts w hosp/provides network  
to provide services

Don't coordinate with Kaiser/CCHP

Current Membership (approximately)

CCHP 30%, Kaiser 31-32%, and HealthNet 28-29%

Our contract with Kaiser, California not other Kaisers in other states

Can we use other Kaisers? More costs to do that

CALPERS does do out of state Kaisers. Greater premiums

Our HealthNet PPO is national/HN National PPO/HN Flex not PPO (outside service area)

Why PPO's more expensive than HMO's? Because fee-for-service versus capitated. \$ Page 16-17 Retiree Book

Not paid prescription. Dr. get \$ per month. Fee for service

Retiree options for age 50-65 outside Contra Costa County

New plans retire specific i.e. AARP (50-65)

Explore group costs AARP/other retiree specific plans

Different plans

Aetna offers now Public Sector (group rates)

Others Active/option retiree plans

## **CNA Health Care Task Force Minutes**

Issues that we're looking at: 1) Portability, 2) Coverage for Survivors, 3) Access

Good and bad things in Plan Design – different stages in lives

Current Plans, how are they applicable for different stages in life?:

1. single/young
2. family make-up
2. empty nester/closer to retirement

Current Plan set up family/ kids (EE/EE's family only)

We have questioned over the years why there are only 2 tiers versus 3 or 4.

Because that's what been negotiated in the past.

We have negotiated in the past

Spreading cost among EE's/same for County costs is the same

Single/couples subsidize families. County has done this for years

With 3-tier, family would pay more than what single/2-party do now

Explore High Deductible health plan with Health Care Savings account

Health Care Spending account, lose \$ annually

Christine Penkala presented differences between: 1) Health Care Savings account, 2) Health Care reimbursement account, and 3) Modified Health Care Spending account (i.e., used for dental and vision)

Good to have option plan design available

Now basically 1 plan

The next meeting is scheduled for 11/12/08.

Meeting was adjourned at noon.